

# Application For Megayacht Insurance



A. ASSURED DETAILS						
A1.	Name of the Assured:			Occupation:		
	Mailing Address:			City:	State:	Zip code:
A2.	Beneficial Owner(s):			Is this yacht fractionally owned?		YES <input type="checkbox"/> NO <input type="checkbox"/>
A3.	Corporate Ownership (if any):			Is corporation for sole purpose of ownership of yacht?		YES <input type="checkbox"/> NO <input type="checkbox"/>
A4.	Loss Payee:					
B. YACHT						
B1.	Yacht Name:			Hull ID/Serial #:		
B2.	Builder/Manufacturer:			Model:		
B3.	Date Built:	Date Rebuilt:		Length:	Beam:	Draft:
B4.	Date Purchased:			Purchase Price:		
B5.	Does the Yacht have any existing or prior damage?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Was it purchased as salvage?		YES <input type="checkbox"/> NO <input type="checkbox"/>
B6.	Construction <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Other			Type <input type="checkbox"/> Mono Hull <input type="checkbox"/> Catamaran		Flag:
B7.	Is the yacht subject to a mortgage?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, advise amount and name of lender:		
C. ENGINE & EQUIPMENT						
C1.	Engine Year:	Engine Mfg:	Model:	Serial #: P		
C2.	Total H.P.:	Max Speed:	Number of Engines:	Serial #: S		
C3.	Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Diesel			Type <input type="checkbox"/> Twin <input type="checkbox"/> Single		
C4.	Additional Equipment <input type="checkbox"/> GPS, Radar or Loran <input type="checkbox"/> CO Detector <input type="checkbox"/> Fire Suppression			Type <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> I/O <input type="checkbox"/> Houseboat		
D. GENERAL						
D1.	Summer Berthing (Incl Zip):			Winter Berthing (Incl Zip):		
	<input type="checkbox"/> Mooring	<input type="checkbox"/> At Dock	<input type="checkbox"/> Mooring	<input type="checkbox"/> At Dock	<input type="checkbox"/> Mooring	<input type="checkbox"/> At Dock
D2.	Cruising Limits (Select all that apply)					
	<input type="checkbox"/> European and Mediterranean Waters		<input type="checkbox"/> Mediterranean Waters, not east of		(degrees east)	
	<input type="checkbox"/> Caribbean and Mediterranean, including Transatlantic and East coast USA		<input type="checkbox"/> World-wide			
	<input type="checkbox"/> Other					
D3.	Is yacht ever chartered/used commercially?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Charter Type:	No. Weeks per year		
D4.	Is yacht used for racing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please give details:			
D5.	Is this yacht being held for sale?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Held for sale since:			
E. CREW DETAILS						
E1.	Number of professional crew:			Crew Wageroll:		
E2.	Captains Name:			Qualifications:		

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## F. CLAIMS HISTORY

F1.	<b>Loss Experience</b> ( <i>Attach loss analysis if available</i> ) <input type="checkbox"/> No Losses					
	Date	Cause	Amount			
	1.					
	2.					
F2.	Present Marine Insurer:					
F3.	Have you ever been refused insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has your insurance ever been cancelled or non-renewed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES Please give details (Previous insurers and reason declined):					
F4.	How is the Yacht certified	<input type="checkbox"/> MCA	<input type="checkbox"/> ISM	<input type="checkbox"/> None	<input type="checkbox"/> Other (please specify)	
	Date Certified obtained:					
F5.	Name of the designated Person:					
	Mailing Address:			City:	State:	Zip code:
	Primary Phone #			Email:		
F6.	Additional Insured(s) & Relationship to Insured:					

## G. TENDERS

G1.	Tender 1:	Type:	Tender 2:	Type:
		Engine HP:		Engine HP:
		Engine Manufacturer:		Engine Manufacturer:

## H. COVERAGES

	Amount of Insurance	Deductible	Premium
Hull & Equipment	\$	\$	\$
Outboard Motors	\$	\$	\$
P&I "Liability"	\$	\$	\$
Medical Payments	\$	\$	\$
Personal Effects	\$	\$	\$
Trailer/Tender	\$	\$	\$
Fuel Spill	\$	\$	\$
Towing	\$	\$	\$
Uninsured Boater	\$	\$	\$
War Risks Coverage	\$	\$	\$
Crew Liability Cover	\$	\$	\$
Crew Personal Accident Cover	\$	\$	\$
Crew Medical Expenses	\$	\$	\$
Crew Personal Effects	\$	\$	\$
Crew Replacement Expenses	\$	\$	\$
Guest Medical Expenses	\$	\$	\$
Guest Personal Effects	\$	\$	\$
Guest Personal Accident Coverage	\$	\$	\$
1% Min. or \$250 which is greater, Trailer Deductible \$100.		Total Premium:	

## Declaration

Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. By signing below you are stating that you have read, agree and will abide by all terms stated in the fraud notice above. You must agree to the fraud notice terms to continue and submit this application.

Signature: \_\_\_\_\_ Date \_\_\_\_\_